

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/930232</u>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						61				
2		/					62				
3		/					63				
4		/					64				
5		/					65				
6		/					66				
7		/					67				
8		/					68				
9		/					69				
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36							96				
37							97				
38							98				
39							99				
40							100				
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	2						TOTAL IND.				
TOTAL DEP.	10						TOTAL DEP.				
TOTAL CLAIMS	12						TOTAL CLAIMS				